

Agency 108

State Employees Health Care Commission

Articles

108-1. ELIGIBILITY REQUIREMENTS.

Article 1.—ELIGIBILITY REQUIREMENTS

108-1-1. Eligibility. (a) General definitions.

(1) “Commission” means the Kansas state employees health care commission.

(2) “Health care benefits program” means the state of Kansas health care benefits program established by the commission.

(b) Active participants. Subject to the provisions of subsection (c), the classes of persons eligible to participate as active participants in the health care benefits program shall be the following classes of persons:

(1) Any elected official of the state;

(2) any other officer or employee of a state agency who meets both of the following conditions:

(A) Is working in one or more positions that together require at least 1,000 hours of work per year; and

(B) is in a position that is not temporary. An employee who works under employment customs at any regents institution requiring less than a full calendar year of service shall not be considered temporary;

(3) any person engaged in a postgraduate residency training program in medicine at the university of Kansas medical center or in a postgraduate residency or internship training program in veterinary medicine at Kansas state university, but not including student employees of a state institution of higher learning;

(4) any person elected to a board position that requires less than 1,000 hours of work per year;

(5) any person serving with the foster grandparent program;

(6) any person participating under a reduced service agreement outlined in K.S.A. 76-746, and amendments thereto; and

(7) any other class of individuals approved by the Kansas state employees health care commis-

sion, within the limitations set out in K.S.A. 75-6501, *et seq.*, and amendments thereto.

(c) Waiting period.

(1) Each person who is within a class listed in paragraph (b)(1), (b)(2), (b)(3), (b)(4), or (b)(5) shall become eligible for group health insurance coverage following completion of a 60-day waiting period beginning with the first day of work for the state of Kansas. Each person shall have 31 days after becoming eligible to elect health insurance coverage.

(2) The waiting period established in paragraph (c)(1) shall not apply if all of the following conditions are met:

(A) The person is returning to work for the state of Kansas.

(B) Immediately before leaving the prior position, the person was enrolled in group health insurance in the prior position.

(C) The break in service between the prior position and the new position meets either of the following conditions:

(i) Is 30 calendar days or less; or

(ii) is 365 days or less, if the person was laid off, as defined in K.S.A. 75-2948, and amendments thereto.

(3) The waiting period established in paragraph (c)(1) may be waived if the agency head or designee meets the following requirements:

(A) The agency head or designee shall provide both of the following certifications to the commission, or its designee, in writing:

(i) A potential new employee is not entitled to continuation of health benefits available from prior insurance coverage.

(ii) The waiting period poses, or will pose, an obstacle to recruitment.

(B) The agency head or designee shall submit the request for a waiver before the employee's acceptance of the position.

(4) The waiting period described in paragraph (c)(1) may be waived by the commission if the commission determines that failure to grant a

waiver would create a manifest injustice or an undue hardship on the employee.

(d) Classes of direct bill participants. Subject to the provisions of subsection (e), the classes of persons eligible to participate as members of the health care benefits program on a direct bill basis shall be those classes of persons listed below:

- (1) Any former elected state official;
- (2) any retired state officer or employee who is receiving retirement benefits under K.S.A. 74-4925, and amendments thereto, or retirement benefits administered by the Kansas public employees retirement system;
- (3) any totally disabled former state officer or employee who is receiving disability benefits administered by the Kansas public employees retirement system;
- (4) any surviving spouse or dependent of a qualifying participant in the health care benefits program;
- (5) any person who is in a class listed in paragraph (b)(1), (b)(2), (b)(3), (b)(4), or (b)(5) and who is lawfully on leave without pay;
- (6) any blind person licensed to operate a vending facility as defined in K.S.A. 75-3338, and amendments thereto;
- (7) any former "state officer," as that term is defined in K.S.A. 74-4911f or K.S.A. 74-4911h, and amendments thereto, who meets all of the following conditions:
 - (A) Elected not to be a member of the Kansas public employees retirement system as provided in K.S.A. 74-4911f or K.S.A. 74-4911h, and amendments thereto;
 - (B) entered into an employee participation agreement for deferred compensation as provided in K.S.A. 75-5524, and amendments thereto; and
 - (C) received an employer contribution toward the deferred compensation plan, as provided in K.S.A. 74-4911f or K.S.A. 74-4911, and amendments thereto, for a minimum of 32 calendar quarters of service; and
- (8) any former state officer or employee who separated from state service when eligible to receive a retirement benefit but, in lieu of that, withdrew that individual's employee contributions from the retirement system.

(e) Conditions for direct bill participation. Each person who is within a class listed in paragraph (d)(1), (d)(2), (d)(3), (d)(4), (d)(5), (d)(7), or (d)(8) shall be eligible to participate on a direct bill basis only if the conditions of both paragraphs (e)(1) and (e)(2) are met:

(1) The person was covered by the health care benefit program on one of the following bases:

(A) The person was covered by the state health benefits plan as an active participant under subsection (b), as a COBRA participant under subsection (f), or as a spouse under paragraph (g)(1) immediately before the date that person ceased to be eligible for that type of coverage or the date the individual became newly eligible for a class listed in subsection (d).

(B) The person is the surviving spouse or eligible dependent child of a person who was enrolled as a plan participant under subsection (b) or (d), and the surviving spouse or eligible dependent child was covered under the state health benefits plan immediately before the date of death of the plan participant.

(2) The person files a statement of election with the secretary of administration to continue coverage under the plan. The election to continue coverage shall be submitted in a form prescribed by the secretary of administration.

(f) COBRA participants. Any individual with rights to extend coverage under provisions of public law 99-272, as amended, may continue to participate in the health care benefits program, subject to the provisions of that federal law.

(g)(1) Eligible dependent participants. Any person enrolled in the health care benefits program as a primary participant may enroll the following dependents, subject to the same conditions and limitations that apply to the primary participant:

- (A) The primary participant's lawful wife or husband; and
- (B) any of the primary participant's eligible dependent children.

(2) An eligible dependent child who is enrolled by one primary participant shall not be eligible to be enrolled by another primary participant. Any individual who is eligible to enroll as a primary participant in the school district plan under K.A.R. 108-1-3 or the local unit plan under K.A.R. 108-1-4 shall not be eligible to be enrolled under this subsection as a dependent in the health care benefits program.

(h) Eligible dependent participants; definitions. For purposes of subsection (g), the following terms shall be defined as follows:

(1) "Primary participant" means any person enrolled in the health care benefits program under subsection (b), (d), or (f) of this regulation.

(2) "Child" means any of the following:

(A) A natural son or daughter of the primary participant;

(B) a lawfully adopted son or daughter of the primary participant. The term “lawfully adopted” shall include those instances in which the primary participant has filed the petition for adoption with the court, has a placement agreement for adoption, or has been granted legal custody;

(C) a stepchild of the primary participant. However, if the natural or adoptive parent of the stepchild is divorced from the primary participant, the stepchild shall no longer qualify;

(D) a child for whom the primary participant has legal custody;

(E) a grandchild, if either of the following conditions is met:

(i) The primary participant has legal custody of the grandchild or has lawfully adopted the grandchild; or

(ii) the grandchild lives in the home of the primary participant and is the child of a covered eligible dependent child, and the primary participant provides more than 50% of the support for the grandchild.

(3) “Dependent child” means any child who meets the definition of “dependent” set out in 26 USC §152, as amended by sec. 201 of the working families tax relief act of 2004, P.L. 108-311 and hereby adopted by reference, except for the following deletions and modifications:

(A) Paragraph (d)(1)(B) shall be deleted.

(B) Paragraphs (e)(1), (e)(2), and (e)(3) shall be deleted and replaced with the following:

“(e) Special rule for divorced parents.

“(1) In general. If—

“(A) a child receives over one-half of the child’s support during the calendar year from the child’s parents—

“(i) who are legally divorced or legally separated under a decree of divorce or separate maintenance,

“(ii) who are separated under a written separation agreement, or

“(iii) who live apart at all times during the last six months of the calendar year, and

“(B) such child is in the custody of one or both of the child’s parents for more than one-half of the calendar year,

“then the requirements of paragraphs (c)(1)(B) or (d)(1)(C) shall be deemed to have been met with respect to either of the parents. If either parent meets the requirements of either paragraph (c)(1) or paragraph (d)(1) without the application

of the special rule in this subsection, then the child is the “dependent child” of either parent.”

(4) “Eligible dependent child” means any dependent child who meets the criteria in either paragraph (h)(4)(A) or paragraph (h)(4)(B) below:

(A) The child meets all of the following criteria:

(i) The child is under 23 years of age.

(ii) The child is unmarried.

(iii) The child does not file a joint tax return with another taxpayer.

(iv) The child receives more than 50% of the child’s support from the primary participant, except that this criteria shall not apply with respect to any child who meets the conditions established under the special rule for divorced parents in subsection (e) of 26 USC §152, as modified by paragraph (h)(3)(B) of this regulation.

(v) The child is a United States citizen, a United States national, or a resident of the United States, Canada, or Mexico at some time during the tax year.

(B) The child is over the age of 23, is not capable of self-support because of mental retardation or severe physical handicap, and has continuously maintained group coverage as an eligible dependent child before attaining the age of 23. The child shall be chiefly dependent on the primary participant for support.

(i) Direct bill participants; continuous coverage provisions.

(1) Except as otherwise provided in this subsection, each direct bill participant enrolled in the state health care benefits program on or after January 21, 2001, shall maintain continuous coverage in the program or shall lose eligibility to be in the state health benefits program as a direct bill participant under subsection (d).

(2) Any person who discontinued direct bill coverage in the state health benefits program before January 21, 2001, and who is not participating on a direct bill basis on that date, may return one time to the state health care benefits program if the person meets the criteria specified in subsections (d) and (e) and if that person has not previously discontinued and returned to direct bill coverage before January 21, 2001.

(3) Any person who discontinues direct bill coverage in the state health care benefits program and maintains continuous coverage in a medicare risk plan may return to the state health care benefits program according to the open enrollment procedures.

(j) This regulation shall be effective on and after

January 1, 2006. (Authorized by K.S.A. 2004 Supp. 75-6501 and K.S.A. 75-6510; implementing K.S.A. 2004 Supp. 75-6501; effective, T-85-22, July 16, 1984; effective May 1, 1985; amended, T-88-64, Dec. 30, 1987; amended, T-89-12, May 1, 1988; amended, T-108-9-12-88, Sept. 12, 1988; amended Oct. 31, 1988; amended May 9, 1997; amended Jan. 21, 2001; amended Aug. 27, 2004; amended June 17, 2005; amended Jan. 6, 2006.)

108-1-2. Student health care benefits plan. (a) Each student shall be eligible to participate in the student health care benefits component of the state health care benefits program. Eligibility and participation shall be subject to terms, conditions, limitations, exclusions, and other provisions established by the commission. Participation in the student health care benefits component shall be voluntary.

(b)(1) "Commission" means the Kansas state employees health care commission.

(2) "Student" means any individual who is enrolled in one of the regents institutions, who is not eligible for coverage under K.A.R. 108-1-1, and who meets any criteria established by the commission regarding the minimum number of hours of coursework in which the individual must be enrolled or similar reasonable provisions related to the individual's status as a student.

(3) "Regents institution" means a state educational institution as defined in K.S.A. 76-711, and amendments thereto.

(c) Each student participating in the student health benefits component shall pay the costs of the coverage on a direct bill basis.

(d) Any student enrolled in the student health care benefits component of the state health care benefits program may enroll a spouse and eligible dependent children, subject to the same conditions and limitations that apply to the student enrolled in accordance with this regulation.

(e) An employer contribution in an amount determined by the commission shall be paid toward the cost of coverage under the student health care benefits component of the state health care benefits program for any student who meets both of the following conditions:

(1) The student is enrolled in the student health care benefits component of the state health care benefits program.

(2) The student is appointed for the current semester to a graduate teaching assistant or graduate research assistant position that is at least a

50% appointment. At the option of the regents institution appointing the student, concurrent appointments to more than one graduate teaching or graduate research positions that total at least a 50% appointment may be considered to meet this condition. (Authorized by and implementing K.S.A. 75-6501 and 75-6510; effective July 1, 1998; amended July 5, 2002.)

108-1-3. School district employee health care benefits plan. (a) Definitions.

(1) "Commission" means the Kansas state employees health care commission.

(2) "Qualified school district" means a public school district, community college, area vocational technical school, or technical college that meets the terms, conditions, limitations, exclusions, and other provisions established by the commission for participation in the school district employee health care benefits component of the health care benefits program and has entered into a written agreement with the commission to participate in the program.

(3) "School district employee" means any individual who is employed by a qualified school district and who meets the definition of employee under K.S.A. 74-4932(4), and amendments thereto, except that the following employees shall be employed in a position that requires at least 1,000 hours of work per year:

(A) Employees of community colleges; and

(B) employees of area vocational technical schools and technical colleges that are not governed by a unified school district.

For purposes of this definition, a technical college shall be a participating employer under K.S.A. 74-4931, and amendments thereto, in accordance with K.S.A. 72-4471, and amendments thereto.

(4) "School district plan" means the school district employee health care benefits component of the health care benefits program.

(b) Active participants. Subject to the provisions of subsection (c), each school district employee shall be eligible to participate as an active participant in the school district plan. Eligibility and participation shall be subject to terms, conditions, limitations, exclusions, and other provisions established by the commission, including the amount and method of payment for employee and employer contributions.

(c) Waiting periods.

(1) Each school district employee whose first day of work for a qualified school district is on or

after the first day on which the employee's qualified school district participates in the school district plan shall become eligible for coverage following completion of a 60-day waiting period beginning with the first day of work for the qualified school district. Each school district employee shall have 31 days after becoming eligible to elect health insurance coverage.

(2) The waiting period established in paragraph (c)(1) shall not apply if all of the following conditions are met:

(A) The person is returning to work for the qualified school district or is transferring from another qualified school district.

(B) Immediately before leaving the prior position, the person was enrolled in the school district plan or was covered by the health care insurance plan provided by the employee's qualified school district.

(C) The break in service between the prior position and the new position does not exceed the following time periods:

(i) 30 or fewer calendar days; or

(ii) 365 or fewer days, if the person was laid off in accordance with the practices of the qualified school district.

(3) The waiting period established in paragraph (c)(1) may be waived when the chief administrative officer of the qualified school district, or the chief administrative officer's designee, meets the following requirements:

(A) The chief administrative officer or the chief administrative officer's designee shall provide both of the following certifications to the commission, or its designee, in writing:

(i) A potential new school district employee is not entitled to continuation of health benefits available from prior insurance coverage.

(ii) The waiting period poses, or will pose, an obstacle to recruitment.

(B) The chief administrative officer or the chief administrative officer's designee shall submit the request for a waiver before the employee's acceptance of the position.

(4) Each school district employee who is employed by the employee's qualified school district immediately before the first day on which the employee's qualified school district participates in the school district plan shall be subject to transitional provisions established by the commission regarding waiting periods and the date on which the employee becomes eligible to participate in the school district plan.

(5) The waiting period described in this subsection may be waived by the commission if the commission determines that failure to grant a waiver would create a manifest injustice or undue hardship on the school district employee.

(d) Categories of direct bill participants. Subject to the provisions of subsection (e), the classes of persons eligible to participate as members of the school district plan on a direct bill basis shall be those classes of persons listed below:

(1) Any retired school district employee who is receiving state warrants for retirement benefits;

(2) any totally disabled former school district employee who is receiving benefits under K.S.A. 74-4927, and amendments thereto;

(3) any surviving spouse or dependent of a qualifying participant in the school district plan;

(4) any person who is a school district employee and who is on approved leave without pay in accordance with the practices of the qualified school district; and

(5) any individual who was covered by the health care plan offered by the qualified school district on the day immediately before the first day on which the qualified school district participates in the school district plan, except that no individual who is an employee of the qualified school district and who does not meet the definition of school district employee in subsection (a) shall be qualified as a direct bill participant under this paragraph.

(e) Conditions for direct bill participants. Each person who is within a class listed in subsection (d) shall be eligible to participate on a direct bill basis only if the person meets both of the following requirements:

(1) The person was covered by the school district plan or the health care insurance plan offered by the qualified school district on one of the following bases:

(A) Immediately before the date the person ceased to be eligible for coverage, or for any person identified in paragraph (d)(5), immediately before the first day on which the qualified school district participates in the school district plan, the person either was covered as an active participant under subsection (b) or was covered by the health care insurance plan offered by the employee's qualified school district.

(B) The person is a surviving spouse or dependent of a person who was enrolled as a plan participant under subsection (b) or (d) at the time the plan participant died, and the person was en-

rolled in spouse or dependent coverage under subsection (g) at the time the plan participant died.

(C) The person is a surviving spouse or dependent of a person who was enrolled as a plan participant under the health care insurance plan offered by the participant's qualified school district at the time the participant died, and the person was covered under the same plan at the time the participant died.

(2) The person files a statement of election with the commission's health benefits administrator to continue coverage under the plan. The election to continue coverage shall be submitted on a form prescribed by the commission's health benefits administrator. The form shall be submitted no more than 30 days after the person ceased to be eligible for coverage, or in the case of any individual identified in paragraph (d)(5), no more than 30 days after the first day on which the qualified school district participates in the school district plan.

(f) Continuation of benefits (COBRA) coverage. Any individual with rights to extend coverage under provisions of public law 99-272, as amended, may participate in the school district plan, subject to the provisions of that federal law.

(g) Coverage of spouses and dependents. Any person who is enrolled in the school district plan under subsection (b), (d), or (f) may enroll a spouse and eligible dependent children, subject to the same conditions and limitations that apply to the person enrolled in accordance with this regulation. (Authorized by K.S.A. 75-6501 and 75-6510; implementing K.S.A. 75-6501 and 75-6508; effective, T-108-9-13-99, Sept. 13, 1999; effective Feb. 4, 2000.)

108-1-4. Local unit of government employee health care benefits plan. (a) Definitions.

(1) "Commission" means the Kansas state employees health care commission.

(2) "Local unit" means any of the following:

(A) Any county, township, or city;

(B) any community mental health center;

(C) any groundwater management district, rural water-supply district, or public wholesale water supply district;

(D) any county extension council or extension district;

(E) any hospital established, maintained, and operated by a city of the first or second class, a

county, or a hospital district in accordance with applicable law; or

(F)(i) any city, county, or township public library created under the authority of K.S.A. 12-1215 *et seq.* and amendments thereto;

(ii) any regional library created under the authority of K.S.A. 12-1231, and amendments thereto;

(iii) any library district created under the authority of K.S.A. 12-1236, and amendments thereto;

(iv) the Topeka and Shawnee county library district established under the authority of K.S.A. 12-1260 *et seq.*, and amendments thereto;

(v) the Leavenworth and Leavenworth county library district established under the authority of K.S.A. 12-1270, and amendments thereto;

(vi) any public library established by a unified school district under the authority of K.S.A. 72-1623, and amendments thereto; or

(vii) any regional system of cooperating libraries established under the authority of K.S.A. 75-2547 *et seq.*, and amendments thereto.

(3) "Local unit employee" means any individual who meets one or more of the following criteria:

(A) The individual is an appointed or elective officer or employee of a qualified local unit whose employment is not seasonal or temporary and whose employment requires at least 1,000 hours of work per year.

(B) The individual is an appointed or elective officer or employee who is employed concurrently by two or more qualified local units in positions that involve similar or related tasks and whose combined employment by the qualified local units is not seasonal or temporary and requires at least 1,000 hours of work per year.

(C) The individual is a member of a board of county commissioners of a county that is a qualified local unit, and the compensation paid for service on the board equals or exceeds \$5,000 per year.

(D) The individual is a council member or commissioner of a city that is a qualified local unit, and the compensation paid for service as a council member or commissioner equals or exceeds \$5,000 per year.

(4) "Local unit plan" means the local unit employee health care benefits component of the health care benefits program.

(5) "Qualified local unit" means a local unit that meets the terms, conditions, limitations, exclusions, and other provisions established by the

commission for participation in the local unit employee health care benefits component of the health care benefits program and that has entered into a written agreement with the commission to participate in the program.

(b) Active participants. Subject to the provisions of subsection (c), each local unit employee shall be eligible to participate as an active participant in the local unit plan. Eligibility and participation shall be subject to terms, conditions, limitations, exclusions, and other provisions established by the commission, including the amount and method of payment for employee and employer contributions.

(c) Waiting periods.

(1) Each local unit employee whose first day of work for a qualified local unit is on or after the first day on which the employee's qualified local unit participates in the local unit plan shall become eligible for coverage following completion of a 60-day waiting period beginning with the first day of work for the qualified local unit. Each local unit employee shall have 31 days after becoming eligible to elect health insurance coverage.

(2) The waiting period established in paragraph (c)(1) shall not apply if all of the following conditions are met:

(A) The person is returning to work for the qualified local unit, is transferring from another qualified local unit, or is transferring from a position that is eligible for coverage under K.A.R. 108-1-1 or K.A.R. 108-1-3.

(B) Immediately before leaving the prior position, the person was enrolled in the local unit plan, the school district plan under K.A.R. 108-1-3, or the health care benefits program under K.A.R. 108-1-1 or was enrolled in the health care insurance plan provided by the employee's qualified local unit.

(C) The break in service between the prior position and the new position does not exceed the following time periods:

(i) 30 or fewer calendar days; or

(ii) 365 or fewer days, if the person was laid off in accordance with the practices of the prior employer.

(3) The waiting period established in paragraph (c)(1) shall not apply to any person who, on that person's first day of work for the qualified local unit, is enrolled in the local unit plan, the school district plan under K.A.R. 108-1-3, or the health care benefits plan under K.A.R. 108-1-1 on any of the following bases:

(A) As a direct bill participant;

(B) under the continuation of benefits coverage provided under public law 99-272, as amended; or

(C) as a spouse or dependent of an active participant in any of those plans.

(4) The waiting period established in paragraph (c)(1) may be waived if the chief administrative officer of the qualified local unit, or the chief administrative officer's designee, meets the following requirements:

(A) The chief administrative officer or the chief administrative officer's designee shall provide both of the following certifications to the commission, or its designee, in writing:

(i) A potential new local unit employee is not entitled to continuation of health benefits available from prior insurance coverage.

(ii) The waiting period poses, or will pose, an obstacle to recruitment.

(B) The chief administrative officer or the chief administrative officer's designee shall submit the request for a waiver before the employee's acceptance of the position.

(5) Each local unit employee who is employed by the employee's qualified local unit immediately before the first day on which the employee's qualified local unit participates in the local unit plan shall be subject to transitional provisions established by the commission regarding waiting periods and the date on which the employee becomes eligible to participate in the local unit plan.

(6) The waiting period described in this subsection may be waived by the commission if the commission determines that failure to grant a waiver would create a manifest injustice or undue hardship on the local unit employee.

(d) Categories of direct bill participants. Subject to the provisions of subsection (e), the classes of persons eligible to participate as members of the local unit plan on a direct bill basis shall be the following:

(1) Any retired local unit employee who meets one of the following conditions:

(A) The employee is receiving state warrants for retirement benefits under the Kansas public employees retirement system or the Kansas police and firemen's retirement system; or

(B) if the qualified local unit is not a participating employer under either the Kansas public employees retirement system or the Kansas police and firemen's retirement system, the employee is receiving retirement benefits under the retirement plan provided by the qualified local unit;

(2) any totally disabled former local unit employee who meets one of the following conditions:

(A) The employee is receiving benefits under the Kansas public employees retirement system or the Kansas police and firemen's retirement system; or

(B) if the qualified local unit is not a participating employer under either the Kansas public employees retirement system or the Kansas police and firemen's retirement system, the employee is receiving disability benefits under the retirement or disability plan provided by the qualified local unit;

(3) any surviving spouse or dependent of a qualifying participant in the local unit plan;

(4) any person who is a local unit employee and who is on approved leave without pay in accordance with the practices of the qualified local unit; and

(5) any individual who was covered by the health care plan offered by the qualified local unit on the day immediately before the first day on which the qualified local unit participates in the local unit plan, except that no individual who is an employee of the qualified local unit and who does not meet the definition of local unit employee in subsection (a) shall be qualified as a direct bill participant under this paragraph.

(e) Conditions for direct bill participants. Each person who is within a class listed in subsection (d) shall be eligible to participate on a direct bill basis only if the person meets both of the following requirements:

(1) The person was covered by the local unit plan or the health care insurance plan offered by the qualified local unit on one of the following bases:

(A) Immediately before the date the person ceased to be eligible for coverage or, for any person identified in paragraph (d)(5), immediately before the first day on which the qualified local unit participates in the local unit plan, the person either was covered as an active participant under subsection (b) or was covered by the health care insurance plan offered by the employee's qualified local unit.

(B) The person is a surviving spouse or dependent of a person who was enrolled as a plan participant under subsection (b) or (d) at the time the plan participant died, and the person was enrolled in spouse or dependent coverage under

subsection (g) at the time the plan participant died.

(C) The person is a surviving spouse or dependent of a person who was enrolled as a plan participant under the health care insurance plan offered by the participant's qualified local unit at the time the participant died, and the person was covered under the same plan at the time the participant died.

(2) The person files a statement of election with the commission's health benefits administrator to continue coverage under the plan. The election to continue coverage shall be submitted on a form prescribed by the commission's health benefits administrator. The form shall be submitted no more than 30 days after the person ceased to be eligible for coverage or, in the case of any individual identified in paragraph (d)(5), no more than 30 days after the first day on which the qualified local unit participates in the local unit plan.

(f) Continuation of benefits (COBRA) coverage. Any individual with rights to extend coverage under provisions of public law 99-272, as amended, may participate in the local unit plan, subject to the provisions of that federal law.

(g) Coverage of spouses and dependents. Any person who is enrolled in the local unit plan under subsection (b), (d), or (f) as a primary participant may enroll the following dependents, subject to the same conditions and limitations that apply to the primary participant:

(1) The primary participant's lawful wife or husband; and

(2) any of the primary participant's eligible dependent children. An eligible dependent child who is enrolled in the local unit plan by one primary participant shall not be eligible to be enrolled by another primary participant in the local unit plan, the school district plan under K.A.R. 108-1-3, or the health care benefits program under K.A.R. 108-1-1.

(h) Eligible dependent participants; definitions. For purposes of subsection (g), "primary participant," "child," and "eligible dependent child" shall be defined as those terms are defined in K.A.R. 108-1-1.

(i) Direct bill participants; continuous coverage provisions.

(1) Except as otherwise provided in this subsection, each direct bill participant enrolled in the local unit plan shall maintain continuous coverage

in the program or shall lose eligibility to be in the local unit plan as a direct bill participant under subsection (d).

(2) Any person who discontinues direct bill coverage in the local unit plan and maintains continuous coverage in a medicare risk plan may return to the local unit plan according to the open enrollment procedures.

(j) An individual who is eligible to enroll as an active participant under subsection (b) and whose spouse is eligible for coverage as an active partic-

ipant under K.A.R. 108-1-1 shall not be eligible for coverage as a dependent under K.A.R. 108-1-1. Any other dependents of the individual and the individual's spouse may be enrolled under the provisions of either K.A.R. 108-1-1 or K.A.R. 108-1-4. (Authorized by K.S.A. 2004 Supp. 75-6501 and K.S.A. 75-6510; implementing K.S.A. 2004 Supp. 75-6501 and K.S.A. 75-6508; effective August 30, 2002; amended March 28, 2003; amended Jan. 9, 2004; amended June 18, 2004; amended March 10, 2006.)